MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I" AMENDMENT AFTER 2 ™AMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP IND: 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. - 31 TOTAL IND. TOTAL IND

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TOTAL DEP

TOTAL CLAIMS